



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

**SHIFF *et al.***

Application No. 09/006,999

Filed: January 14, 1998

For: APPARATUS FOR THE  
SEPARATION OF CYSTIC  
PARASITE FORMS FROM  
WATER

Art Unit: 2856

Examiner: M. Cygan

Atty. Docket No. 2240-171353

Customer No.



PATENT TRADEMARK OFFICE

**STATUS INQUIRY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Please advise the undersigned of the present status of the above-identified patent.

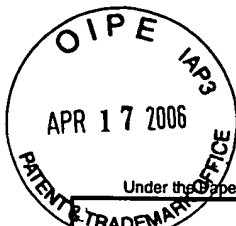
An Amendment, believing to overcome the Board's rejection of Claim 11 was filed on  
August 15, 2005.

To date, no communication from the U.S. Patent Office has been received.

Respectfully submitted,

Date: April 17, 2006

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TFW

PTO/SB/17 (12-04v2)

Approved for use through 7/31/2006. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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|   |  |                          |                     |              |
|---|--|--------------------------|---------------------|--------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>  |  | <b>Complete if Known</b> |                     |              |
|   |  | Application Number       | 09/006,999          |              |
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | Filing Date              | January 14, 1998    |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                      |  | First Named Inventor     | Clive SHIFF         |              |
|   |  | Examiner Name            | M. Cygan            |              |
| TOTAL AMOUNT OF PAYMENT   |  | Art Unit                 | 2856                |              |
| (\$)  |  | 0                        | Attorney Docket No. | 02240-171353 |

|   |   |
|---|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)   |   |
| <input type="checkbox"/> Check  | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order  | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify): _____   |   |
| <input checked="" type="checkbox"/> Deposit Account   | Deposit Account Number: <u>22-0261</u> Deposit Account Name: <u>Venable LLP</u>   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below   | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                    |                              |                                  |                              |                       |
|---|---------------------|---|--------------------|------------------------------|----------------------------------|------------------------------|-----------------------|
| <b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)   |                     |   |                    |                              |                                  |                              |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                    |                              |                                  |                              |                       |
| <b>Application Type</b>   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b> |                              | <b>EXAMINATION FEES</b>          |                              | <b>Fees Paid (\$)</b> |
|   | <b>Fee (\$)</b>     | <b>Small Entity Fee (\$)</b>                            | <b>Fee (\$)</b>    | <b>Small Entity Fee (\$)</b> | <b>Fee (\$)</b>                  | <b>Small Entity Fee (\$)</b> |                       |
| Utility   | 300                 | 150   | 500                | 250                          | 200                              | 100                          |                       |
| Design  | 200                 | 100   | 100                | 50                           | 130                              | 65                           |                       |
| Plant   | 200                 | 100   | 300                | 150                          | 160                              | 80                           |                       |
| Reissue   | 300                 | 150   | 500                | 250                          | 600                              | 300                          |                       |
| Provisional   | 200                 | 100   | 0                  | 0                            | 0                                | 0                            |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                    |                              |                                  |                              |                       |
|   |                     |   |                    |                              |                                  | <b>Small Entity</b>          |                       |
| <b>Fee Description</b>  |                     |   |                    |                              |                                  | <b>Fee (\$)</b>              | <b>Fee (\$)</b>       |
| Each claim over 20 (including Reissues)   |                     |   |                    |                              |                                  | 50                           | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                    |                              |                                  | 200                          | 100                   |
| Multiple dependent claims   |                     |   |                    |                              |                                  | 360                          | 180                   |
| <b>Total Claims</b>   |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         | <b>Multiple Dependent Claims</b> |                              |                       |
| - 20 =  |                     | x   | =                  |                              | <b>Fee (\$)</b>                  | <b>Fee Paid (\$)</b>         |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                    |                              |                                  |                              |                       |
| <b>Indep. Claims</b>  |                     | <b>Extra Claims</b>                                     | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| - 3 =   |                     | x   | =                  |                              |                                  |                              |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                    |                              |                                  |                              |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                    |                              |                                  |                              |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                    |                              |                                  |                              |                       |
| <b>Total Sheets</b>   | <b>Extra Sheets</b> | <b>Number of each additional 50 or fraction thereof</b> | <b>Fee (\$)</b>    | <b>Fee Paid (\$)</b>         |                                  |                              |                       |
| - 100 =   | /50                 | (round up to a whole number) x                          | =                  |                              |                                  |                              |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                    |                              |                                  |                              |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                    |                              |                                  |                              |                       |
| Other (e.g., late filing surcharge):  |                     |   |                    |                              |                                  | 0                            |                       |

|                     |                     |                                   |                |
|---------------------|---------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                     |                                   |                |
| Signature           |                     | Registration No. (Attorney/Agent) | 36,830         |
| Name (Print/Type)   | Ann S. Hobbs, Ph.D. | Telephone                         | (202) 344-4000 |
|                     |                     | Date                              | April 17, 2006 |